

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038989

5515 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5515

FILED NOV 9 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

Donald R. Collins MEDICAL CERTIFICATION

| | | | | | | | |
|--|----------------------------------|---|-------------------------------------|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | Length of stay in 1b 23 yrs. | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) Baptist Memorial Hosp. | | | | d. STREET ADDRESS 6825 Bannister Rd. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) HUBBARD | | | | 4. DATE OF DEATH Month October Day 29 Year 1962 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-8-1906 | 9. AGE (last birthday) 56 | IF UNDER 1 YEAR Months 5 Days 29 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | | 10b. KIND OF BUSINESS OR INDUSTRY Barber Shop | | 11. BIRTHPLACE (City and state or country) Waterloo, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME George Stovall | | 13b. MOTHER'S MAIDEN NAME Myrtle Braden | | 14. NAME OF HUSBAND OR WIFE Bertha Stovall | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | | 17. INFORMANT Address Mrs. Bertha Stovall 6825 Bannister Rd. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Hypertension DUE TO (c) Chronic Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 8 hrs 2 yrs 5 yrs |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour 9:30 a.m. 10:30 p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY JACKSON STATE MISSOURI | |
| 21. I attended the deceased from March 17-61 to Oct 20-62 and last saw her/him alive on Oct 20-62 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | 22a. SIGNATURE (Degree or title) Donald R. Collins M.D. | | | |
| 22b. ADDRESS 8210 Pinedale | | 22c. DATE SIGNED 10/30/62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | |
| 23b. DATE OCT-31-62 | | 23c. NAME OF CEMETERY OR CREMATORY FLORA HILLS | | 23d. LOCATION (City, town, or county) KANSAS CITY | | (State) MO | |
| 24. FUNERAL DIRECTOR Mellody-McGilley-Eylar | | ADDRESS Woodland | | 25. DATE RECD. BY LOCAL REG. 10-30-62 | | 26. REGISTRAR'S SIGNATURE Bertha Long | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Mr. W. B. Collins, D.O.
8210 Saces
Ja 3 - 0807

Tues: 10:00 to 5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James E. Hackleman

Licensed Embalmer No. *MO 4523*

P. O. Address *Kansas City MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.